

**COMPLAINT INVESTIGATION REPORT**

This is an official report of an unannounced visit/investigation of a complaint received in our office on **06/17/2009** and conducted by Evaluator Mary Lauchli

**COMPLAINT CONTROL NUMBER: 23-SC-20090617161614**

<b>FACILITY NAME:</b>	EMERITUS AT HAZEL CREEK	<b>FACILITY NUMBER:</b>	347003914
<b>ADMINISTRATOR:</b>	DESTOUT, DAVINA	<b>FACILITY TYPE:</b>	740
<b>ADDRESS:</b>	6125 HAZEL AVENUE	<b>TELEPHONE:</b>	(916) 988-7901
<b>CITY:</b>	ORANGEVALE	<b>STATE:</b>	95662
<b>CAPACITY:</b>	120	<b>ZIP CODE:</b>	95662
<b>MET WITH:</b>	Davina Destout-Barker	<b>DATE:</b>	12/10/2009
		<b>CENSUS:</b>	UNANNOUNCED
		<b>TIME VISIT BEGAN:</b>	08:30 AM
		<b>TIME COMPLETED:</b>	10:50 AM

**ALLEGATION(S):**

- 1 1. Questionable Death
- 2 2. Neglect/Lack of Supervision.
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**INVESTIGATION FINDINGS:**

- 1 LPA, Lauchli arrived to complete the complete the complaint investigation started on 6/17/09. Initially the
- 2 complaint allegation was neglect - lack of supervision: the female resident was transported to hospital ER on
- 3 6/17/09 and diagnosed with decubitus ulcers. On admission to the hospital, resident was assessed as having
- 4 five pressure wounds, and one non-pressure ulcer which was the result of incontinence associated dermatitis.
- 5 One of the pressure wounds was documented as being a stage III, one being unstageable with black eschar.
- 6 On 6/22/09 the resident died in the hospital. Social Services Bureau of Investigation then completed the
- 7 investigation through interviews and review of medical records. The investigator substantiated the above
- 8 allegations. LPA, Lauchli also interviewed complainant, administrator, family, and reviewed medical records.
- 9 Certificate of death lists sepsis, incontinence associated dermatitis, pressure ulcers, and arrhythmia. The
- 10 above allegations are Substantiated.
- 11 The following deficiencies are cited per Title XXII:
- 12 Exit Interview.
- 13 Appeal Rights Given.

**Substantiated****Estimated Days of Completion:****SUPERVISOR'S NAME:** Michael Smith**TELEPHONE:** (916) 263-4707**LICENSING EVALUATOR NAME:** Mary Lauchli**TELEPHONE:** (916) 709-6317**LICENSING EVALUATOR SIGNATURE:****DATE:** 12/10/2009

I acknowledge receipt of this form and understand my appeal rights as explained and received.

**FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 12/10/2009

This report must be available at Child Care and Group Home facilities for public review for 3 years.

## All POC Have Been Cleared

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION

### CLEARED DEFICIENCIES

CCLD Regional Office, 2525 NATOMAS PARK DRIVE  
SACRAMENTO, CA 95833

**FACILITY NAME:** EMERITUS AT HAZEL CREEK

**FACILITY NUMBER:** 347003914

**VISIT DATE:** 12/10/2009

POC Due Date / Section Number	PLAN OF CORRECTIONS(POCs)	Date Cleared / Comments
01/15/2010 87615(a)(1)	1 As of 12/10/09, administrator shall not retain a resident with 2 ulcers (pressure sores) exceeding Stage I or II or any 3 prohibited health condition. Administrator states she and staff 4 will take a class on Acceptance & Retention of residents along 5 with Prohibited Health Conditions by 1/15/10 and provide proof 6 to CCL 1 week after the class. 7	1 01/21/2010 2 Attendance sheet, Proof of Inservice 3 received. 4
12/10/2009 Section Cited 87761(c)(1)	1 2 3 4 NO POC 5 6 7	1 01/21/2010 2 No POC 3 4
01/15/2010 Section Cited 87455(a)	1 Administrator states that a LVN, (nurse) is now on staff. The 2 administrator and staff will have training on Acceptance & 3 Retention of residents along with Prohibited Health Conditions, 4 (decubitus ulcers) by 1/15/10 and provide proof to CCL within 5 1 week of taking course. 6 7	1 01/21/2010 2 Attendance sheet, Proof of Inservice 3 Received. 4
12/10/2009 Section Cited 87466	1 As of 12/10/09, (RCD, Community Nurse) will document on 2 paper in each resident's file any physical, emotional, mental or 3 social changes that they observe. 4 5 6 7	1 01/21/2010 2 Attendance sheet, Proof of Inservice 3 Received. 4

## COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: EMERITUS AT HAZEL CREEK  
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 347003914  
VISIT DATE: 12/10/2009

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 01/15/2010 Section Cited 87615(a)(1)	1 Prohibited Conditions: 2 Prohibited Health Conditions: 3 Res #1 was admitted to the hospital 6/17/09 with 4 Stage III rib near scapula decubitus ulcer. Persons 5 with Stage III or IV dermal ulcers shall not be 6 admitted or retained in a residential care facility for 7 the elderly	1 As of 12/10/09, administrator shall not retain a 2 resident with ulcers (pressure sores) exceeding 3 Stage I or II or any prohibited health 4 condition. Administrator states she and staff will 5 take a class on Acceptance & Retention of 6 residents along with Prohibited Health Conditions 7 by 1/15/10 and provide proof to CCL 1 week after the class.
Type A 12/10/2009 Section Cited 87761(c)(1)	1 Penalties 2 Res #1 required hospitalization for 6 days and 3 skilled nursing care due to the infection from the 4 decubitus ulcers. Res #1 died 6/22/09. An 5 immediate penalty of \$150.00 shall be assessed for 6 injury, sickness or death of a client. 7	1 NO POC 2 3 4 5 6 7
Type A 01/15/2010 Section Cited 87455(a)	1 Acceptance & Retention: 2 Res #1 should not have been retained in facility as 3 she required skilled nursing care for her five 4 pressure ulcers and incontinence associated 5 dermatitis. Home Health nursing was involved and 6 Administrator was uninformed of the decline of the 7 resident.	1 Administrator states that a LVN, (nurse) is now on 2 staff. The administrator and staff will have training 3 on Acceptance & Retention of residents along with 4 Prohibited Health Conditions, (decubitus ulcers) by 5 1/15/10 and provide proof to CCL within 1 week of 6 taking course. 7
Type A 12/10/2009 Section Cited 87466	1 Observation of Resident: 2 Facility staff failed to properly observe Res #1's 3 decline in health. Licensee shall ensure any 4 physical or other changes are documented and 5 brought to the attention of the resident's physician 6 and responsible person, if a change occurs. 7	1 As of 12/10/09, (RCD, Community Nurse) will 2 document on paper in each resident's file any 3 physical, emotional, mental or social changes that 4 they observe. 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Michael Smith

TELEPHONE: (916) 263-4707

LICENSING EVALUATOR NAME: Mary Lauchli

TELEPHONE: (916) 709-6317

LICENSING EVALUATOR SIGNATURE:



DATE: 12/10/2009

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/10/2009

CCLD Regional Office  
2525 NATOMAS PARK DRIVE  
SACRAMENTO, CA 95833



01/21/2010

EMERITUS AT HAZEL CREEK  
347003914  
6125 HAZEL AVENUE  
ORANGEVALE, CA 95662

### Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 12/10/2009, have been cleared:

<b>Section Cited:</b> 87615(a)(1)	<b>Date Due:</b> 01/15/2010	
<b>Plan of Correction:</b> As of 12/10/09, administrator shall not retain a resident with ulcers (pressure sores) exceeding Stage I or II or any prohibited health condition. Administrator states she and staff will take a class on Acceptance & Retention of residents along with Prohibited Health Conditions by 1/15/10 and provide proof to CCL 1 week after the class.	<b>Corrections:</b> Attendance sheet, Proof of Inservice received.	<b>Clearance Date:</b> 01/21/2010
<b>Section Cited:</b> 87761(c)(1)	<b>Date Due:</b> 12/10/2009	
<b>Plan of Correction:</b> NO POC	<b>Corrections:</b> No POC	<b>Clearance Date:</b> 01/21/2010
<b>Section Cited:</b> 87455(a)	<b>Date Due:</b> 01/15/2010	
<b>Plan of Correction:</b> Administrator states that a LVN, (nurse) is now on staff. The administrator and staff will have training on Acceptance & Retention of residents along with Prohibited Health Conditions, (decubitus ulcers) by 1/15/10 and provide proof to CCL within 1 week of taking course.	<b>Corrections:</b> Attendance sheet, Proof of Inservice Received.	<b>Clearance Date:</b> 01/21/2010
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LICENSING EVALUATOR NAME: Mary Lauchli

TELEPHONE: (916) 709-6317

LICENSING EVALUATOR SIGNATURE:

DATE: 01/21/2010

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Cleared POC Letter (FAS) - (04/05)

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